

School-Based Health Centers During Academic Disruption: Challenges and Opportunity in Urban Mental Health

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School based health centers (SBHC) provide healthcare services to youth and their families. In response to the global health crisis from COVID-19, schools' closures have impacted the access to vital services during times of increased need for physical and mental healthcare. Youth of minority racial and ethnic backgrounds living in urban settings face compounding factors including adverse childhood events, economic disadvantages, and barriers to healthcare. The mental health response of SBHCs in New York City as it relates to population specific factors such as family supports, economic considerations, and healthcare correlates is explored. The role of school based health centers and recommendations for interventions addressing mental health concerns in youth during COVID-19 are discussed.

Keywords: School Based Health Centers during crisis, COVID-19, youth mental health, school closures, urban mental health

As of April 18, 2020, the United States reported 690,714 confirmed coronavirus 2019 (COVID-19) cases with a staggering total of 35,443 deaths (Centers for Disease Control and Prevention, 2020). In contrast to other cities across the nation, New York City (NYC) has been the most affected with 126,368 cases and approximately one third of total U.S. death count (8,448; New York City Health Department, 2020). Furthermore, public health in cities such as NYC in particular is at greater risk because of health inequities (Braveman et al., 2018) faced by underserved populations long before COVID-19.

Clinicians at school-based health centers (SBHCs) aid NYC's underserved communities and have been treating patients experiencing growing psychological distress and compounded trauma since early March 2020. Moreover, the closure of educational systems citywide has resulted in limited access to SBHCs from which individuals and families received the majority of their health care. It is believed that underserved populations serviced by SB-

HCs may be at greater risk of developing clinical disorders as a result of confinement measures and related stressors (Braveman et al., 2018). This population is more likely to experience financial hardship, food and housing insecurity, and decreased access to health care because of lack of insurance benefits, cultural stigmatization, and fear of retribution of immigration status when seeking care (Bustamante, Chen, McKenna, & Ortega, 2019; Hacker, Anies, Folb, & Zallman, 2015; Maynard, Dean, & Rodriguez, 2019). Additionally, living conditions in urban settings with scarcity of physical space and increased crowding result in amplified risk of exposure to the virus (Office of Disease Prevention and Health Promotion, 2020). Figure 1 depicts several key patient-related factors affecting access to mental health care during COVID-19.

The impact of COVID-19 has also underscored the need to address separation and loss with the youth population, regardless of socioeconomic standing. For most of the youth served at SBHCs, such themes and other adverse childhood events (ACEs; Arenson, Hudson, Lee, & Lai, 2019; Oral et al., 2016) are not foreign to their lives, and the additional layer to COVID-19 grief and loss can magnify distress, trauma, and maladaptive behaviors. Extensive research on disasters and their impact on youth well-being have found a strong relationship between ACEs, related cognitive developmental changes, and readjustment following the events (Inoue et al., 2019; Spier, 2005). This is consistent with youth served by SBHCs, the majority of whom have a history of multiple traumas from ACEs and are struggling with verbalizing their experience, emotional dysregulation, and maladaptive behaviors (e.g., poor diet and sleep hygiene, increased substance abuse, poor online school attendance/engagement). There are also alarming concerns of increased risk for domestic violence as a result of the confinement measures and disruption in the ability to occupy safe spaces such as schools and surrounding communities (American Psychological Association, 2020; Campbell, 2020). The loss of these spaces is exacerbated by the inability to engage in meaningful celebrations including graduations, cultural exchanges, and

Editor's Note. This commentary received rapid review due to the time-sensitive nature of the content. It was reviewed by the special section Guest Editors and the Journal Editor.—KKT

This article was published Online First June 25, 2020.

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The author(s) received no financial support for the research, authorship, and/or publication of this article.

The author(s) declared no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

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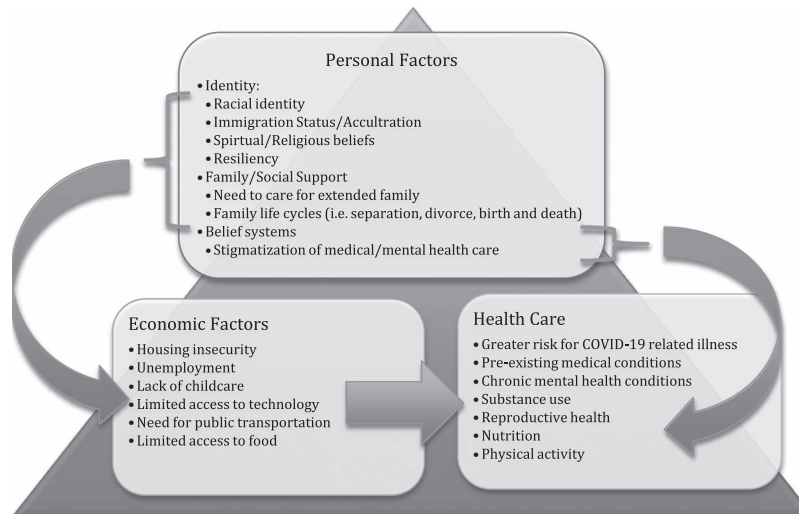


Figure 1. Patient-related factors affecting school-based health centers' mental health response during COVID-19 in New York City.

other special gatherings. Given such active concerns, there is a need to consider resiliency as a salient factor for mental health. Youth from SBHCs have exhibited resiliency in functioning (e.g., family reorganization, health and educational advocacy, etc.) in spite of adversity intensified by the pandemic. Therefore, addressing the impact of loss while validating and promoting resiliency behaviors from a trauma lens is imperative in our clinical work with NYC's youth.

Outside the medical response, which has been described as heroic, the mental health community has also embraced innovative strategies toward delivery of care in an attempt to decrease trauma and complex loss. These efforts include, assessing overall family need for resources rather than only client-specific needs; promoting telehealth utilizing personal or family owned smart devices; and engaging in family therapy as needed to provide a wider breadth of services. SBHC providers are also creating widespread networks of grief and trauma-informed clinicians to help with increased demands of palliative care and family support for individuals directly affected by the pandemic. Furthermore, there has been an increase in partnerships between health care providers and community programming in settings in which there has been a history of health inequity.

Clinicians have engaged numerous best practices in the face of COVID-19. First, mental health providers must ensure that clients have access to basic needs via thorough assessment. For example, some individuals may have access to smart phones but are without Internet service. As a result, SBHC clinicians are conducting telephone consultations to render services to families in need with the specific intent of providing clear information regarding available resources for food, health care, and other basic needs. Furthermore, providers must ensure flexibility of available resources. When feasible, the technology needed to help individuals maintain medical and mental health or continue their educational experiences should be provided. Consideration of keeping limited locations and hours in educational or health care institutions open for individuals who need access is also encouraged. The COVID-19 pandemic has also shed light on less effective or even harmful

practices that will impact health care, which include assuming that all populations have equal access to technology and medical/mental health care; minimizing the effects of trauma on agency, motivation, and self-efficacy in relation to treatment; and overburdening medical and mental health staff by requiring continuation of caseloads along with additional provision of services to serve the high demand.

Currently in NYC, only those with access to technology (device and Internet service) are receiving ongoing mental health care from SBHCs; emergencies are referred to hotlines or hospital emergency departments in which staffing is limited. SBHC providers are being utilized as grief and trauma counselors in other sections of hospitals and community services. Mental health care is further limited by modality of treatment; SBHC providers have shifted toward case management when necessary, thus decreasing time to conduct individual and group therapy during which processing of trauma and social support can occur. Therefore, provision of ongoing training for health care and mental health staff on grief and trauma as it relates to NYC youth in particular has become a priority for SBHC clinicians.

The COVID-19 pandemic has required SBHC clinicians to develop a deeper understanding of the preexisting trauma faced by NYC youth populations as well as crisis-related exacerbation of resulting emotional and behavioral effects. A major challenge continues to be attending to both the tangible and ambiguous losses related to the pandemic in populations fraught with ACEs and disenfranchised grief. As such, SBHC clinicians are charged with the responsibility of reinstating therapeutic relationships despite citywide closures of schools through means of technology and connection to community resources in an effort to mitigate the multifaceted effects of trauma affecting NYC youth.

References

- American Psychological Association. (2020). *How COVID-19 may increase domestic violence and child abuse*. Retrieved from <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>

- Arenson, M., Hudson, P. J., Lee, N., & Lai, B. (2019). The evidence on school-based health centers: A review. *Global Pediatric Health*, 6, 2333794X19828745. <http://dx.doi.org/10.1177/2333794X19828745>
- Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? *Behavioral Science & Policy*, 4, 1–14. <http://dx.doi.org/10.1353/bsp.2018.0000>
- Bustamante, A. V., Chen, J., McKenna, R. M., & Ortega, A. N. (2019). Health care access and utilization among U.S. immigrants before and after the Affordable Care Act. *Journal of Immigrant and Minority Health*, 21, 211–218. <http://dx.doi.org/10.1007/s10903-018-0741-6>
- Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, 2, 100089. <http://dx.doi.org/10.1016/j.fsir.2020.100089>
- Centers for Disease Control and Prevention. (2020). *Coronavirus 2019 (COVID-19)*. Retrived from <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>
- Hacker, K., Anies, M., Folb, B. L., & Zallman, L. (2015). Barriers to health care for undocumented immigrants: A literature review. *Risk Management and Healthcare Policy*, 8, 175–183. <http://dx.doi.org/10.2147/RMHP.S70173>
- Inoue, Y., Stickley, A., Yazawa, A., Aida, J., Kawachi, I., Kondo, K., & Fujiwara, T. (2019). Adverse childhood experiences, exposure to a natural disaster and posttraumatic stress disorder among survivors of the 2011 Great East Japan earthquake and tsunami. *Epidemiology and Psychiatric Sciences*, 28, 45–53. <http://dx.doi.org/10.1017/S2045796017000233>
- Maynard, M., Dean, J., & Rodriguez, P. (2019). The experience of food insecurity among immigrants: A scoping review. *International Migraciones Internacionales*, 20, 375–417. <http://dx.doi.org/10.1007/s12134-018-0613-x>
- New York City Health Department. (2020). *COVID-19 data*. Retrieved from <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>
- Office of Disease Prevention and Health Promotion. (2020). *Housing instability*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>
- Oral, R., Ramirez, M., Coohey, C., Nakada, S., Walz, A., Kuntz, A., . . . Peek-Asa, C. (2016). Adverse childhood experiences and trauma informed care: The future of health care. *Pediatric Research*, 79, 227–233. <http://dx.doi.org/10.1038/pr.2015.197>
- Spier, A. (2005). *Psychosocial issues for children and adolescents in disasters* (2nd ed.). Washington, DC: U. S. Department of Health and Human Services, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Received April 9, 2020

Revision received April 20, 2020

Accepted May 21, 2020 ■